

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA	1. DATE OF INCIDENT 31-MAR-2012		TIME 15:00:00	2. ADDRESS OF OCCURRENCE 5555 1/2 W GRAND AVE CHICAGO, IL 60639				3. LOCATION CODE 281		4. BEAT/OCCUR 2515		
	6 POSITION 9161	6 LAST NAME MORALES	7. FIRST NAME YVETTE	8. STAR NO. 4146	9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	10. RACE CODE S	11 AGE 501	12 HT 155	13 WT			
	14. DATE OF APPT 28-MAY-2002	15. EMPLOYEE NO. 025	16. UNIT & BEAT OF ASSIGNMENT 2502	17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
	20. LAST NAME [REDACTED]	21 FIRST NAME [REDACTED]	22. M.I. [REDACTED]	23. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	24. RACE WHI	25. D.O.B. [REDACTED]	26. HT 410	27. WT 95				
	28. ADDRESS [REDACTED]	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED/MOUTH (SPIT, BITE, ETC), HANDS/FISTS <input type="checkbox"/> 01 Yea <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? OUR LADY OF RESURRECTION MEDICAL C.I.	34. BY WHOM?	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid									
	36. CHARGES PLACED				<input type="checkbox"/> DNA	37. CB NO. [REDACTED]	IR NO. [REDACTED]	<input type="checkbox"/> DNA				
	SUBJECT INFORMATION <input type="checkbox"/> DNA	38. PASSIVE RESISTER		ACTIVE RESISTER		ASSAULTANT/ASSAULT		ASSAULTANT/BATTERY		ASSAULTANT/DEADLY FORCE		
		SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		FLED PULLED AWAY OTHER FLAILED ARMS/THREW EI		IMMINENT THREAT OF BATTERY OTHER FLAILED ARMS/THREW EI		ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER SCRATCHED W NAILS, SI		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON OTHER _____		
		MEMBER'S RESPONSE MEMBER PRESENCE VERBAL COMMANDS ESCORT HOLDS WRISTLOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHEMICAL WEAPON W/AUTHORIZATION OTHER _____		OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING OC CHEMICAL WEAPON CANINE TASER (Probe Discharge) TASER (Contact Stun) TASER (Laser Targeted) TASER (Spark Displayed) OTHER _____		ELBOW STRIKE CLOSED HAND STRIKE/PUNCH IMPACT WEAPON (Describe in Box 40) OTHER _____		KNEE STRIKE KICKS IMPACT MUNITION (Describe in Box 40) OTHER _____		FIREARM OTHER _____		
39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)				40. ADDITIONAL INFORMATION								
POSITION		STAR NO.	UNIT									
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER			42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dark <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR					
45. MAKE/MANUFACTURER			46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE					
49. TASER DART ID NO.		50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER I.D. NO.		53. HANDGUN CERTIFICATE NO.				
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58. TOTAL NO. OF SHOTS MEMBER FIRED				
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CATERDRIDES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				
64. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)						65. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT						
66. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN						67. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)						
72. CASE INFO. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.												
73. REPORTING MEMBER (Print Name) MORALES, YVETTE 31-MAR-2012 19:35:23				STAR/EMPLOYEE NO. 4146	SIGNATURE [REDACTED]							
74. REVIEWING SUPERVISOR (Print Name) HALPERN, CHARLES R												
STAR NO. 2460				SIGNATURE [REDACTED]		DATE REVIEWED TIME 31-MAR-2012 19:38:36						

CPD-11.377 (REV. 10/07)

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT AMMUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STems FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Offender being treated at OLR.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The offender raked her fingers across PO Morale's face thereby becoming Battery Assailant. PO Morales responded by punching the offender in the face to defeat her attack. All of her actions fall within the Use of Force Model and were in compliance with Department procedures and directives.

EO# 1212 Log#1052991

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

RUBIN, HARVEY R

SIGNATURE

DATE COMPLETED TIME
31-MAR-2012 19:43:13

79. DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

- | | |
|--|--|
| <input type="checkbox"/> CASE REPORT | <input type="checkbox"/> SUPPLEMENTARY REPORT |
| <input type="checkbox"/> ARREST REPORT | <input checked="" type="checkbox"/> OFFICER BATTERY REPORT |
| | <input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES) |

- | |
|---|
| <input type="checkbox"/> I.O.D. REPORT |
| <input type="checkbox"/> CR INITIATION REPORT |

80. TOTAL TRR's THIS EVENT No.

2